

PROJECT PROPOSAL
(For non-enforcement activities)

Agency Name: _____

Project Name: _____

Priority Area Impacted (please check all that apply)

☐ Occupant Protection

☐ Impaired Driving

☐ Speed/Aggressive Driving

☐ Motorcycle Safety

☐ Traffic Records

☐ Other (please describe below)

Project Director: _____

Contact Phone: _____

Contact Email: _____

Problem Identification (must include justification/need for project, adequate data to show problem, plans for development and implementation, and agencies impacted)

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Task To Be Completed	Timeframe

Budget Request*

Type of Expense	Amount Requested	Name of Personnel or Vendor (list each individually)
Personnel		
Contractual Services		
Supplies/Materials		
Equipment		

*use additional paper if necessary

Total Budget Request _____

Project Director Signature

Date of Proposal

OHS Approval
(Signature of Program Manager)

Date Approved _____

Final Award Amount _____

Funding Source _____

CFDA# _____

Reporting Requirements

☐ Monthly Status Reports and Vouchers

☐ Quarterly Status Reports and Vouchers